

ACDV Response:			
Account Number:	7092244537	SSN:	232049020
Consumer Name:	DAVID MAX DAUGHERTY	Control Number:	99994210030088138
Response Code:	01:Account information accurate as of date	Subscriber Code:	465FS01690
Response Date:	08/08/2014	DF Contact Number:	
Response Due Date:	08/15/2014	DF Authorized Name:	Daniel John

Dispute Information:	
Dispute Code 1:	001:Not his/hers. Provide or confirm complete ID.
Dispute Code 2:	106:Disputes present/previous Account Status/Payment History Profile/Payment Rating. Verify Payment History Profile, Account Status, and Payment Rating.
FCRA Relevant Information:	

Consumer Information:			
	Request Data	Response Data	Same / Diff
Last Name:	DAUGHERTY	DAUGHERTY	Same
First Name:	DAVID	DAVID	Same
Middle Name:	MAX		Unknown
Generation Code:			Unknown
Prev. Last Name:			Unknown
Prev. First Name:			Unknown
Prev. Middle Name:			Unknown
Prev. Generation Code:			
SSN:	232049020	232049020	Same
Date Of Birth:	12/14/1957		Unknown
Telephone Number:	3042956161		Unknown
ECOA Code:	1:Individual	1:Individual	
Street Address:	35 VALLEY VIEW DR 35	35 VALLEY VIEW DR	Different
City:	VIENNA	VIENNA	
State:	WV:West Virginia	WV:West Virginia	
Zip:	26105	26105	
Prev. Street Address:	PO BOX 816		Unknown
Prev. City:	PARKERSBURG		
Prev. State:	WV:West Virginia		
Prev. Zip:	26102		
2nd Prev. Street Address:	VALLEYVIEW DR		
2nd Prev. City:	VIENNA		
2nd Prev. State:	WV:West Virginia		
2nd Prev. Zip:	26105		

Account Information:		
	Request Data	Response Data
Account Status:	82:Account 120 days past the due date.	
Payment Rating:		
Cond. / Cum. Status:		
CII:		
MOP:	05:Pays over 120 days; 5 or more payments past due	
CCC:		

SCC:	BO:Foreclosure proceedings started.	99994210030088138
Portfolio Type:	M:Mortgage	
Account Type:	08:Real Estate - Specific Type Unknown	
Terms Duration:	30	
Terms Frequency:	M:Monthly	
Date Opened:	08/01/1999	
Date of Account Information:	06/23/2014	
Date of Last Payment:	01/01/2012	
Date Closed:		
FCRA DOFD:	10/01/2011	
Current Balance:	85639	
Amount Past Due:	6128	
High Credit / Original Amt.:	100813	
Credit Limit:		
Original Charge Off Amount:		
Actual Payment:	200	
Scheduled Monthly Payment:	1077	
Original Creditor Name:		
Creditor Classification:		
Agency ID:		
Sec. Mktg. Agency Acct Num:		
Mortgage ID Number (MIN):		
Specialized Payment Ind.:		
Defrd. Payment Start Date:		
Balloon Payment Amt.:		
Balloon Payment Due Date:		
Portfolio Indicator:		
Purchased From / Sold To:		
Narrative / Remarks:		

Account History

Year		Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
2014	Req.						-	-	0	0	0	0	0
	Resp.						-	-	-	-	-	-	-
2013	Req.	0	0	0	0	0	0	0	0	0	1	D	D
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2012	Req.	D	D	D	D	D	D	D	D	D	3	2	2
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2011	Req.	B	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2010	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2009	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2008	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Resp.	-	-	-	-	-	-	-	-	-	-	-	-
2007	Req.	-	-	-	-	-	-	-	-	-	-	-	-
	Res	-	-	-	-	-	-	-	-	-	-	-	-

Associated Consumer Information

Last Name:	
First Name:	
Middle Name:	
Generation Code:	
SSN:	
Date Of Birth:	
Telephone Number:	
ECOA Code:	
CII:	
Street Address:	
City:	
State:	
Zip:	

Authorized Name: Daniel John

Date: 08/08/2014

When you sign this form, you certify that you have verified the accuracy of the entire item in compliance with all legal requirements and that your computer and/or manual records will be adjusted to reflect changes noted above.